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Bib Data Sheet

CONFIRMATION NO. 1147

SERIAL NUMBER 10/602,365	FILING DATE 06/23/2003 RULE	CLASS 356	GROUP ART UNIT 2877	ATTORNEY DOCKET NO. LIFE-090CON3
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/723,339 11/27/2000 PAT 6,614,522
which is a CON of 09/264,461 03/08/1999 PAT 6,152,889
which is a DIV of 08/706,663 09/06/1996 PAT 5,879,310
which is a CIP of 08/525,390 09/08/1995 ABN
and is a CIP of 08/525,942 09/08/1995 PAT 5,879,367

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/08/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <input type="checkbox"/> Allowance	MN	17	3	1
Examiner's Signature	Initials			

ADDRESS

24353
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TITLE

Body fluid sampler

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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